## **UST System Interstitial Sensor Test**

Complete for new installs and upgrades that require interstitial monitoring

Submit To: Kansas Department of Health and Environment

**Bureau of Environmental Remediation** 

**Storage Tank Section** 1000 SW Jackson, Suite 410

Topeka, KS 66612-1367

Date of Test:
Worker ID:
Company ID:
Signature:

Phone: 785-296-8061 Fax: 785-296-6190

I. Facility I	nformation
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	a.	Facility Name:					_
	b.	Facility Address:					
			(Street)	(City)	(State)	(ZIP)	
	C.	Contact Person:	Phone:				
II.	Owner	'Information					
	a.	Owner Name:					
	b.	Owner Address:					_
			(Street)	(City)	(State)	(ZIP)	
	C.	Owner Contact Person:_		Phone	!:		
III.	Test M	lethod:					

<u>Include copies of the alarm history and current sensor status reports for each sensor tested.</u>

## IV. **Test Results**

Sensor Location & Model Number	Discriminating or Non - Discriminating	Sensor Programming (Alarm, Shutdown or both)	Tank Interstitial (Dry or Brine)	Sensor Correctly Mounted (Yes or No)	Sensor Operational (Yes or No)